



# TOWN OF LINCOLN

Middlesex County...Massachusetts

PARKS & RECREATION DEPARTMENT  
16 Lincoln Road Lincoln, MA 01773-6353  
Tel (781) 259-0784 Fax (781) 259-1333  
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## Lincoln Summer Day Camp CAMPER RELEASE

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (Fall 2016): \_\_\_\_\_

I, the parent or guardian of \_\_\_\_\_, gives permission for the staff at Lincoln Summer Day Camp to release my child to the following people for the duration of the summer:

_____	_____
_____	_____
_____	_____
_____	_____

By signing below, I am indicating that I understand and agree to follow all that is contained in this form. I understand that anyone picking up my child may be asked for identification. I release Lincoln Summer Day Camp, the Lincoln Parks and Recreation Department, and any of its agents from any liability. I understand that if I make alternative arrangements from those indicated on this form, that I must provide written notification, in advance, that is both dated and signed by me. I understand that if there is any confusion caused by my changing my child's pick-up arrangements, that the Lincoln Summer Day Camp will not release my child to anyone until the matter has been cleared up. I understand that in this event the Lincoln Summer Day Camp staff will contact me by phone.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT GUARDIAN NAME (PLEASE PRINT)